



POLICE DEPARTMENT, COUNTY OF SUFFOLK, N.Y.
ACCREDITED LAW ENFORCEMENT AGENCY

**MENTAL HEALTH ASSISTANCE
INCIDENT REPORT**

PDOS-2090

BLOTTER #

060

CC NUMBER 17-446447	PCT 6	COMMAND 610	SECTOR 612	CAR 612	DATE OF REPORT 7/30/17	TIME OF OCCURRENCE 1732	TIME OUT 1732
INCIDENT MENTAL HEALTH INCIDENT					DATE OF OCC 7/30/17	TIME OF ARRIVAL 1738	TIME IN 1944
COMPLAINANT DIANE LAMARCO					PHONE (631) 742-5084	ADDRESS 16 TAYLOR ST TERRYVILLE	
PERSON REQUIRING ASSISTANCE (NAME) MATTHEW LAMARCO					SEX: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	D.O.B. 4/22/73	
PERSON REQUIRING ASSISTANCE (ADDRESS) 16 TAYLOR ST TERRYVILLE, NY					PHONE # 561-7277 (631)		
LOCATION OF FIRST CONTACT: <input type="checkbox"/> STREET <input checked="" type="checkbox"/> PRIVATE HOME <input type="checkbox"/> COMMUNITY RESIDENCE <input type="checkbox"/> SCHOOL <input type="checkbox"/> SOBER HOUSE <input type="checkbox"/> COURT <input type="checkbox"/> MENTAL HEALTH CLINIC <input type="checkbox"/> OTHER (specify):							
NAME OF AGENCY / FACILITY / RESIDENCE				ADDRESS OF AGENCY / FACILITY / RESIDENCE			
POLICE TRANSPORT TO MENTAL HEALTH FACILITY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		REFERRAL MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		REFERRAL MADE TO:			

SUFFOLK COUNTY MOBILE CRISIS TEAM (631)952-3333 RESPONSE HOTLINE (631)751-7500 DEPARTMENT OF SOCIAL SERVICES HOTLINE (631)854-9100

IF POLICE TRANSPORTED TO MENTAL HEALTH FACILITY, COMPLETE THE FOLLOWING ☐ VOLUNTARY ☒ INVOLUNTARY

ADDRESS / LOCATION WHERE TRANSPORT ORIGINATED

16 TAYLOR ST TERRYVILLE, NY

TIME OF TRANSPORT 1805 (6:05 PM)	TIME OF ARRIVAL AT FACILITY 1819 (6:19 PM)	TIME OF TRIAGE (INVOLUNTARY ONLY) 1828 (6:28 PM)	TIME OF TRANSFER TO FACILITY (INVOLUNTARY ONLY)	TIME OF OFFICER'S DEPARTURE FROM FACILITY (ALL TRANSPORTS)
FACILITY (HOSPITAL) TRANSPORTED TO BY POLICE STONY BROOK HOSPITAL		STAFF MEMBER RECEIVING PATIENT (IF INVOLUNTARY TRANSPORT) MUSTAFA (MD)		
DID PATIENT REQUIRE MEDICAL CLEARANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SIGNS OF INTOXICATION / SUBSTANCE ABUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IS PATIENT SUBJECT TO ARREST OR UNDER ARREST? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT CHARGE?	
WAS PATIENT VIOLENT PRIOR TO TRANSPORT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WAS PATIENT VIOLENT DURING TRANSPORT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DID PATIENT RESIST TRANSPORT TO HOSPITAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IS THE PATIENT HOMELESS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IS THE PATIENT A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

CONTRIBUTING FACTORS (check all that apply): ☐ OFFICE OF MENTAL HEALTH DOCUMENTATION:

- ☐ ASSISTED OUTPATIENT TREATMENT PICKUP (Kendra's Law MHL9.60) ☐ SUICIDAL STATEMENTS OR ACTS ☐ THREATS OR HOMICIDAL STATEMENTS
☐ HIGHLY AGGRESSIVE BEHAVIOR ☒ EVIDENCE OF APPARENT MENTAL ILLNESS ☐ OTHER:

POLICE OFFICERS MUST NOTIFY A PATROL SUPERVISOR WITHIN 30 MINUTES OF ARRIVAL AT THE FACILITY

DETAILS (NOTE ALL ESSENTIAL DETAILS; SPECIFICALLY THOSE INDICATING NEED FOR TRANSPORT/NON-TRANSPORT):

ABOVE SUBJECT (MATTHEW LAMARCO) IS DIAGNOSED BI POLAR. SUBJECT WAS WALKING AROUND WITH A KNIFE AND WORRIED HIS PARENTS. SUBJECT HAD NO WEAPONS UPON POLICE ARRIVAL. SUBJECT HAS PRESCRIBED MEDICINE BUT IS NOT TAKING THEM.

Pistol Lic check - neg.

WAS A COPY OF MENTAL HEALTH ASSISTANCE NOTIFICATION FORM PROVIDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NAME OF PERSON PROVIDED WITH FORM AND RELATIONSHIP TO PATIENT	SUPERVISOR AT SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Name:
REPORT TO FOLLOW: <input checked="" type="checkbox"/> DOMESTIC INCIDENT REPORT <input type="checkbox"/> INCIDENT REPORT <input type="checkbox"/> OTHER		
<input type="checkbox"/> ACTIVE <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> PENDING <input type="checkbox"/> EXCEPTIONALLY CLEARED <input checked="" type="checkbox"/> CLOSED NON-CRIMINAL		

REPORTING OFFICER'S NAME (PRINTED) CHRISTOPHER BRYAN	RANK / SHIELD PO6571	SUPERVISOR'S NAME PRINTED Sgt. P. Beihoff	RANK / SHIELD Sgt 1285
REPORTING OFFICER'S SIGNATURE <i>[Signature]</i>	DATE 7/31/17	SUPERVISOR'S SIGNATURE <i>[Signature]</i>	DATE 7/31/17

White - Central Records; Yellow - Command; Pink - Division of Community Mental Hygiene Services; Goldenrod - Hospital Staff at Drop-Off

53-0142..04/09